

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Michael Picker		SSAN OR EMPLOYEE NUMBER	DEPARTMENT Office of the Governor/CPUC Exec
POSITION Senior Advisor to the Governor for Renewables	CB/ID NUMBER	DIVISION OR BUREAU	INDEX NUMBER
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS Office of the Governor, State Capitol	TELEPHONE NUMBER
CITY STATE ZIP	CITY STATE ZIP Sacramento, CA 95814		

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
16-Feb		Bakersfield	94.12								0.00	94.12	
17-Feb		Bakersfield			8.00						0.00	8.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
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											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			94.12	0.00	8.00	0.00	0.00	0.00	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$102.12	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240917

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

3/1/10
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NT

DATE

3/1/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE